Los Alamos NATIONAL LABORATORY EST. 1943

2016 OPEN ENROLLMENT GUIDEBOOK FOR RETIREES

OCTOBER 26 – NOVEMBER 13, 2015

Health | Vision | Dental | Wellness | Finance | Mental

LANL is committed to offering you a comprehensive benefit program with a choice of many valuable options. Open Enrollment is your annual opportunity to review your current coverage and update your benefit elections to best suit your needs.

This guidebook will highlight the plan options for the 2016 plan year. In addition, there are tools and resources available to help you better understand the plans and to make informed decisions about the coverages for you and your family.

The 2016 Open Enrollment is a "passive enrollment" which means that your current benefit elections will continue for 2016, if you choose not to make changes. Benefit elections or changes made during this Open Enrollment period will go into effect on January 1, 2016.

LAB
Los Alamos Benefits
The Science of Living Well

INSIDE

2016 Open Enrollment is October 26, 2015 – November 13, 2015

For plans governed by the Employee Retirement Income Security Act (ERISA), this 2016 Open Enrollment Guidebook for Retirees serves as a summary of material modifications (SMM) to the "LANS Health and Welfare Benefit Plan for Retirees." LANS reserves the right to amend or discontinue any benefit plans at any time. If there is a conflict between this guidebook and the terms of the plan document, the plan document governs.

What's New For 2016

- **GOOD NEWS! NO CHANGES TO YOUR HEALTH PLAN PREMIUMS**
  Thank you LANL retirees! Your efforts as an informed healthcare consumer have paid off. Despite an estimated national increase in group health plan premiums of 5% to 8%, there will be no health plan premium increases for 2016.
- **As of April 1, 2015, Empyrean Benefit Solutions is the Plan Administrator for the LANL retiree health plans**
  Please remember all updates and changes to your retiree health plan(s) need to be made through **Empyrean Benefit Solutions.**
- **New tax forms for medical coverage in January 2016**
  Please be sure your address on file with **Empyrean Benefit Solutions** is up-to-date. In 2016, employers are required to furnish Form 1095-C to all health plan participants. This form includes information about the health coverage offered to you and your dependents through LANL. Form 1095-C is a source document you will use to report your insurance coverage on your tax return to comply with the Affordable Care Act. The form will be mailed to your address on file no later than January 31, 2016.

2016 Open Enrollment for Retirees presentations*

EMPYREAN

LAB Los Alamos Benefits

Blue Cross and Blue Shield of New Mexico

	October 29, 2015	October 30, 2015
9:00 - 10:30 AM	**Los Alamos** Crossroads Bible Church 97 East Road Los Alamos NM 87544	**Santa Fe** The Courtyard by Marriott Santa Fe 3347 Cerrillos Road Santa Fe NM 87507
1:00 - 2:30 PM	**Los Alamos** Crossroads Bible Church 97 East Road Los Alamos NM 87544	**Santa Fe** The Courtyard by Marriott Santa Fe 3347 Cerrillos Road Santa Fe NM 87507

*If you require disability accommodations, please contact the Benefits Office by email at openenrollment@lanl.gov or by phone at 505-667-1806 at least 2 days before the event.

Important Reminders

Decision Support Tools Available For Non-Medicare Retirees

LANL provides two online tools, the DecisonDirect tool and the Medical Expense Estimator, to help you choose the best medical plan for you. The DecisionDirect tool will help you choose a plan based on your projected health care needs. Use the Medical Expense Estimator to compare your projected medical expense under each plan option. You can access these tools on the **Empyrean Benefit Solutions** website at www.LANLBenefits.com.

Dependent Verification Required for Newly Added Dependents

When enrolling dependents for the first time, **Empyrean Benefit Solutions** will request documentation (e.g., marriage license, birth certification, proof of birth, adoption, and/or tax documents) to validate eligibility.

Dependent Eligibility

If an enrolled family member loses eligibility during the year, you are responsible for de-enrolling that family member within 31 days of the change in eligibility. A biological child, adopted child, or stepchild who reaches the age limit (26 for medical and dental; 25 for vision; 23 for legal benefits) is automatically de-enrolled. Legal wards are de-enrolled when they reach the age limit of 18.

You are responsible for costs incurred in connection with the enrollment of ineligible family members and you could be subject to penalties associated with the Misuse of Plan if you continue coverage for family members who no longer meet eligibility rules. For additional information, see the "LANS Health and Welfare Benefit Plan for Retirees Summary Plan Description" located on the **Empyrean Benefit Solutions** website at www.LANLBenefits.com or the LANL external website under Plan Descriptions.

Qualified Life Events

You may be able to change your benefit elections outside of Open Enrollment if you experience a qualified life event (e.g., marriage, birth, adoption, death). You must report the qualifying event to Empyrean Benefit Solutions within 31 calendar days of its occurrence. For example, if you are married on May 1, you must report the event and make any changes within 31 calendar days of that date (June 1). For additional information, please see the "LANS Health and Welfare Benefit Plan for Retirees Summary Plan Description" on the Empyrean Benefit Solutions website at www.LANLBenefits.com or the LANL external website under Plan Descriptions.

Social Security Numbers for Dependents

The Mandatory Insurer Reporting Law (Section 111 of Public Law 110-173) requires group health plan insurers to report Social Security numbers in order for Medicare to coordinate payments with other insurance benefits. The law was enacted in late 2007 and became effective on January 1, 2009. As a subscriber (or spouse or family member of a subscriber) to a LANL Group Health Plan Arrangement, the Social Security numbers of enrolled retirees and dependents must be furnished to meet the requirements of this law. Please make sure your information is up-to-date with the Benefits Office to include dependents' Social Security numbers.

2016 PLANS OPTIONS

You may enroll or change enrollment elections for yourself and your qualified dependents in the following plans: **Medical, Dental, Vision, and Legal. Retiree medical, dental, vision and legal benefits are administered by Empyrean Benefit Solutions.** For a comprehensive look at all the benefit options that are available to you and links to the Summary Plan Descriptions and benefit booklets, please contact the **Empyrean Customer Care Center for LANL at 1-844-805-0002** or visit the website at: **www.LANLBenefits.com.**

OPEN ENROLLMENT PROCESS

All Open Enrollment transactions must be completed by 5:00 pm MST on Friday, November 13, 2015. Empyrean Benefit Solutions will be sending retirees a personal enrollment worksheet with additional details on how to enroll, cancel, or change their benefit elections. If you do not receive the enrollment packet by October 31, please contact the **Empyrean Customer Care Center for LANL at 1-844-805-0002** or visit the website at: **www.LANLBenefits.com.**

Payment Options

So you never have to worry about your insurance being cancelled for non-payment, Empyrean allows retirees to set up direct debit options for payment of medical, dental, vision, and legal premiums. Empyrean will also provide a direct deposit form for Medicare Part B Reimbursements through BNY Mellon Bank. Please contact the **Empyrean Customer Care Center for LANL at 1-844-805-0002** to inquire about direct deposit.

Medical (BCBSNM)

Blue Cross Blue Shield of New Mexico (BCBSNM) is the LANL medical plans administrator. **The plan choices vary based on your Medicare eligibility.**

Medicare Reminder

LANS requires each retiree, disabled member, and enrolled family member who is eligible to enroll in Medicare Part A and Part B when first eligible for Medicare. If you or your spouse earn entitlement through Social Security, you are both eligible for Medicare. Once enrolled in Part B, you cannot cancel enrollment at some future date and remain covered under the Plan. *Failure to enroll in Medicare Parts A and B will result in termination from the LANL Retiree Medical Plans with no reinstatement available.* Please contact The Social Security Administration to determine eligibility.

Changes made during Open Enrollment are effective January 1,2016

Medical Plan Choices for Retirees with Medicare

If you are a retiree with Medicare, you have a choice between the National Exclusive Provider Organization (EPO), the National Preferred Provider Organization Plan (PPO), or the National Medicare Supplement. You can access details of these plans through the **Empyrean Customer Care Center for LANL at 1-844-805-0002** or visit the website at: **www.LANLBenefits.com**.

Single= 1 Adult
Adult + 1 = Retiree + Spouse **or** Adult + Child(ren)
Family = Retiree + Spouse + Child(ren)

Blue Cross and Blue Shield of New Mexico

2016 Medicare Monthly Rates by Plan/Tier and Years of Service

	National EPO			National PPO			Medicare Supplement		
Years of Service	Single	Adult + 1	Family	Single	Adult + 1	Family	Single	Adult + 1	Family
20	$80.00	$143.00	$214.00	$84.00	$177.00	$256.00	$86.00	$180.00	$266.00
19	$95.95	$171.50	$256.70	$100.65	$212.35	$306.90	$102.85	$215.85	$319.05
18	$111.90	$200.00	$299.40	$117.30	$247.70	$357.80	$119.70	$251.70	$372.10
17	$127.85	$228.50	$342.10	$133.95	$283.05	$408.70	$136.55	$287.50	$425.15
16	$143.80	$257.00	$384.80	$150.60	$318.40	$459.60	$153.40	$323.40	$478.20
15	$159.75	$285.50	$427.50	$167.25	$353.75	$510.50	$170.25	$359.25	$531.25
14	$175.70	$314.00	$470.20	$183.90	$389.10	$561.40	$187.10	$395.10	$584.30
13	$191.65	$342.50	$512.90	$200.55	$424.45	$612.30	$203.95	$430.95	$637.35
12	$207.60	$371.00	$555.60	$217.20	$459.80	$663.20	$220.80	$466.80	$690.40
11	$223.55	$399.50	$598.30	$233.85	$495.15	$714.10	$237.65	$502.65	$743.45
10	$239.50	$428.00	$641.00	$250.50	$530.50	$765.00	$254.50	$538.50	$796.50
Access Only*	$479.00	$856.00	$1,282.00	$501.00	$1,061.00	$1,530.00	$509.00	$1,077.00	$1,593.00

* Employees hired on or after June 1, 2006, with at least 10 years of qualifying service, may be eligible for *Access Only* retiree healthcare benefits. *Access Only* means the retiree pays 100% of their premium (employee and employer portion).

Medical Plan Choices for Retirees without Medicare

If you are a retiree without Medicare, you have a choice between the Preferred Provider Organization Plan (PPO) and the High Deductible Health Plan (HDHP). You can access details of these plans through the **Empyrean Customer Care Center for LANL at 1-844-805-0002** or visit the website at: **www.LANLBenefits.com.**

Single= 1 Adult
Adult + Child(ren) = Retiree + Child(ren)
Adult + 1 = Retiree + Spouse
Family = Retiree + Spouse + Child(ren)

Blue Cross and Blue Shield of New Mexico

2016 Non - Medicare Monthly Rates by Plan/Tier and Years of Service

	HDHP				PPO			
Years of Service	Single	Adult + Children	Adult + Spouse	Family	Single	Adult + Children	Adult + Spouse	Family
20	$91.00	$162.00	$190.00	$262.00	$127.00	$227.00	$265.00	$365.00
19	$117.60	$210.00	$246.00	$339.05	$153.50	$274.80	$320.75	$441.80
18	$144.20	$258.00	$302.00	$416.10	$180.00	$322.60	$376.50	$518.60
17	$170.80	$306.00	$358.00	$493.15	$206.50	$370.40	$432.25	$595.40
16	$197.40	$354.00	$414.00	$570.20	$233.00	$418.20	$488.00	$672.20
15	$224.00	$402.00	$470.00	$647.25	$259.50	$466.00	$543.75	$749.00
14	$250.60	$450.00	$526.00	$724.30	$286.00	$513.80	$599.50	$825.80
13	$277.20	$498.00	$582.00	$801.35	$312.50	$561.60	$655.25	$902.60
12	$303.80	$546.00	$638.00	$878.40	$339.00	$609.40	$711.00	$979.40
11	$330.40	$594.00	$694.00	$955.45	$365.50	$657.20	$766.75	$1,056.20
10	$357.00	$642.00	$750.00	$1032.50	$392.00	$705.00	$822.50	$1,133.00
Access Only*	$714.00	$1,284.00	$1,500.00	$2,065.00	$784.00	$1,410.00	$1,645.00	$2,266.00

* Employees hired on or after June 1, 2006, with at least 10 years of qualifying service may be eligible for *Access Only* retiree healthcare benefits. *Access Only* means the retiree pays 100% of their premium (employee and employer portion).

DELTA DENTAL®

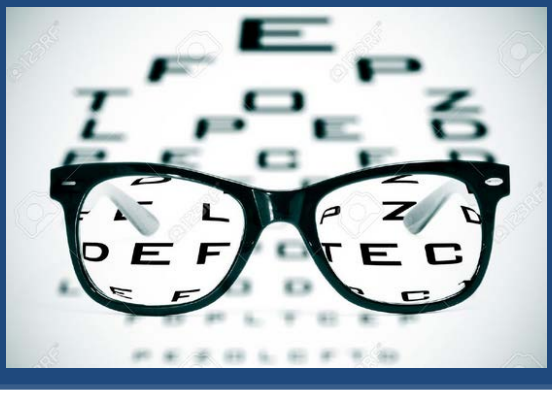
Dental plan

LANL retirees may participate in the Preferred PPO dental plan, which is administered by **Delta Dental of California.** This plan helps you save on out-of-pocket expenses for covered services due to the reduced contracted rates accepted by participating dentists. *Fees will vary according to your region and the dental procedure.* Dentists in either the Preferred PPO Network or the Premier PPO Network are considered to be in-network, but the Preferred PPO providers provide the most favorable benefit.

Plan Features *	In-Network or Non-Network
Annual Deductible	$50 Individual
Annual Maximum	$1,500 per person
Preventative Care (no deductible)	Covered in full, up to two visits a year
Basic Restoration (extractions, fillings)	80% (in-network) / 75% (out of network) after the deductible
Major Restoration (inlays, crowns)	50% after the deductible
Orthodontic	50% see Summary Plan Description (SPD) for lifetime maximums

*Not a comprehensive list of covered benefits or limitations under the plan.

2016 LANL Monthly Dental Rate based on Graduated Eligibility				
Years of Service	Retiree Only	Retiree + Child(ren)	Retiree + Spouse	Family
20	-	-	-	-
19	$2.16	$4.39	$4.02	$7.18
18	$4.31	$8.78	$8.05	$14.37
17	$6.47	$13.17	$12.07	$21.55
16	$8.62	$17.56	$16.09	$28.73
15	$10.78	$21.95	$20.12	$35.92
14	$12.93	$26.34	$24.14	$43.10
13	$15.09	$30.73	$28.16	$50.28
12	$17.24	$35.12	$32.18	$57.46
11	$19.40	$39.51	$36.21	$64.65
10	$21.56	$43.90	$40.23	$71.83



Vision plan

LANL offers a comprehensive vision care benefit through **Vision Service Plan (VSP)**. VSP is a network of providers who offer discounted fees and wholesale prices for routine eye exams, lenses and frames. If you choose to use a non-network provider, the plan will reimburse you up to the allowable limit for your costs.

2016 Monthly Vision Rates			
Retiree Only	Retiree + Child(ren)	Retiree + Spouse	Family
$10.53	$21.28	$21.07	$26.34

Your Coverage with a VSP Doctor*		
Benefit	**Description**	**Copay**
WellVision Exam	• Focuses on your eyes and overall wellness • WellVision Exam every calendar year	$10
Prescription Glasses		**$25**
Frame	• $180 allowance for a wide selection of frames • $200 allowance for featured frame brands • 20% off amount over your allowance • Every other calendar year	Included in Prescription Glasses
Lenses	• Single vision, lined bifocal, and lined trifocal lenses • Every calendar year	Included in Prescription Glasses
Lens Options	• Tints/Photochromic adaptive lenses • Polycarbonate lenses • Standard progressive lenses • Premium progressive lenses • Custom progressive lenses • Average savings of 20-25% on other lens enhancements • Every calendar year	$0 $0 $55 $95 - $105 $150 - $175
Contact Lenses		
Contacts (instead of exam and glasses)	• $180 allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation) • Every calendar year	Up to $60

* Visit vsp.com for details regarding reimbursement allowances, if you plan to see a provider other than a VSP network provider

Legal plan

2016 Monthly Legal Rates			
Retiree Only	**Retiree + Child(ren)**	**Retiree + Spouse**	**Family**
$12.10	$16.24	$16.24	$17.64

LANL retirees can choose to enroll in legal coverage through **ARAG Legal Group**. The plan offers affordable legal representation for a variety of situations. Plan members can also take advantage of these additional services offered: Legal representation for civil and criminal issues, estate and financial planning, D.I.Y. legal documents, and access to the ARAG Education Center, which provides access to the law guide, guidebooks and videos right at your fingertips.

The legal plan also offers a comprehensive **identity theft package**. This package includes credit monitoring, internet surveillance, child monitoring, lost wallet support service , identity theft restoration and up to $1,000,000 identity theft insurance. Plan participants must log on to the ARAG Legal Center website to activate the identity theft benefits.

Covered Service*	Network Attorney	Non-Network Attorney
Attorney Office Work		
Durable Power of Attorney	Paid-in-Full	$70
Simple wills and simple trusts (including Power of Attorney	Paid-in-Full	$175
Domestic		
Uncontested divorce (for self use only)	Paid-in-Full	$525
Contested divorce (for self use only)	Up to 15 hours	$700
Adoption proceedings	Paid-in-Full	$420
Defensive		
Criminal misdemeanor defense (except traffic violations)	Paid-in-Full	$700
Habeas Corpus proceedings	Paid-in-Full	$420
Consumer Protection		
Consumer protection (except for disputes over real estate/construction matters)	Paid-in-Full	$350

*Not a comprehensive list of covered benefits or limitations under the plan.

Required Annual Notices

Your Prescription Drug Coverage and Medicare

This notice has information about your current prescription drug coverage with LANL and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. There are three important things you need to know about your current coverage and Medicare's prescription drug coverage:

- Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage.
- All Medicare drug plans provide at least a standard level of coverage set by Medicare.
- Some plans may also offer more coverage for a higher monthly premium.

Creditable Coverage

LANL has determined that the prescription drug coverage offered by the LANS Health and Welfare Benefit Plan for Retirees is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide To Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current LANL coverage will be affected. For those individuals who elect Part D coverage, they can keep their LANL prescription drug coverage; however, claims settlement will be coordinated with and secondary to Part D Coverage.

Required Annual Notices

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with LANL and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later. If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About Your Options Under Medicare Prescription Drug Coverage

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage: Visit www.medicare.gov or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486- 2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov/prescription help, or call them at 1-800-772-1213 (TTY 1-800-325-0778). Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

The Women's Health and Cancer Rights Act of 1998 (WHCRA)

(Benefits for Mastectomy-Related Services)

The medical programs sponsored by LANL will not restrict benefits if you or your dependent receives benefits for a mastectomy and elects breast reconstruction in connection with the mastectomy.

Required Annual Notices

Benefits will not be restricted provided that the breast reconstruction is performed in a manner determined in consultation with you or your dependent's physician and may include:

- all stages of reconstruction of the breast on which the mastectomy was performed;
- surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- prostheses and treatment of physical complications of all stages of mastectomy, including lymphedema.

Benefits for breast reconstruction will be subject to annual deductibles and coinsurance amounts consistent with benefits for other covered services under the program. For details on any state laws that may apply to your medical program, please refer to the benefit program material for the medical program in which you are enrolled.

Newborns' and Mothers' Health Protection Act of 1996

Under Federal law, group health plans and health insurance issuers offering group health insurance coverage generally may not restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a delivery by cesarean section.

However, the plan or issuer may pay for a shorter stay if the attending provider (e.g., your physician, nurse midwife, or physician assistant), after consultation with the mother, discharges the mother or newborn earlier.

Also, under Federal law, plans and issuers may not set the level of benefits or out-of-pocket costs so that any later portion of the 48-hour (or 96-hour) stay is treated in a manner less favorable to the mother or newborn than any earlier portion of the stay.

In addition, a plan or issuer may not, under Federal law, require that a physician or other health care provider obtain authorization for prescribing a length of stay of up to 48 hours (or 96 hours). However, to use certain providers or facilities, or to reduce your out-of-pocket costs, you may be required to obtain precertification. For information on precertification, contact your plan administrator.

Required Annual Notices

Children's Health Insurance Program Reauthorization Act (CHIPRA)

If you or your children are eligible for Medicaid or Children's Health Insurance Program (CHIP) and you are eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs. If you or your dependents are already enrolled in Medicaid or CHIP, you can contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial 1-877- KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must permit you to enroll in your employer plan if you are not already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance.

HIPAA Notice of Privacy Practices

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) imposes numerous requirements on employer health plans concerning the use and disclosure of individual health information. This information, known as protected health information (PHI), includes virtually all individually identifiable health information held by a plan—whether received in writing, in an electronic medium, or as an oral communication. LANS Health and Welfare Benefit Plan for Retirees (the "Plan") provides health benefits to eligible retirees of LANL (the "Company") and their eligible dependents as described in the summary plan description for the Plan. The Plan creates, receives, uses, maintains and discloses health information about participating retirees and dependents in the course of providing these health benefits.

Required Annual Notices

The Plan is required by law to provide notice to participants of the Plan's duties and privacy practices with respect to covered individuals' PHI, and has done so by providing the Plan participants a notice of privacy practices, which describes the ways that the Plan uses and discloses PHI.

HIPAA Special Enrollment Rights

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) provides employees additional opportunities to enroll in a group health plan if they experience a loss of other coverage or certain life events.

If you are declining coverage at this time for either yourself or your eligible dependents, you may be able to enroll yourself and/or your eligible dependents in coverage at a later date if there is a loss of other coverage. You must enroll and provide the required supporting documentation within 31 days of the date your other coverage ends.

In addition, you may be able to enroll yourself and your eligible dependents if you have a qualifying life event (e.g. change in your marital status, birth or adoption of a child, death of dependent or change in employment status.) You must enroll and provide the applicable required supporting documentation within 31 days of the qualifying life event.

For additional information regarding your rights under HIPAA, please visit the US Department of Labor website at the link below.

http://www.dol.gov/ebsa/faqs/faq_consumer_hipaa.html

Medical Child Support Order (MSCO)

A MCSO is a medical child support order that creates the right of a dependent child to receive benefits for which a participant is eligible under a group health plan. It is a judgment, decree, or order made by a court or agency pursuant to state domestic relations laws.

Only those support orders that are "qualified" need be enforced, and plan administrators and employers are responsible for determining, within a reasonable period of time, whether the child medical support order they have received is qualified.

National Medical Support Notice (NMSN)

Federal regulations require all states to issue the National Medical Support Notice (NMSN) to employers in child support cases where the court has ordered the parent to provide health insurance coverage for his or her child(ren) through an employment-related plan.

Required Annual Notices

Effective April 2003, New Mexico also enacted a law requiring the use of the NMSN to enforce certain medical support orders (Section 40-4C, NMSA 1978).

The NMSN is a standardized federal form that was developed using the model of the Federal Income Withholding Form. It is used by all state child support agencies to notify employers that an employee has a court order for medical support obligations. The NMSN requires employers to enroll the employee's child(ren) in the group health plan and withhold the amount of premiums from the employee's paycheck.

COBRA General Notice

Under the Consolidated Omnibus Budget Reconciliation Act of 1985, or COBRA, LANL retirees and/or their dependents may be eligible to continue health program coverage (called "COBRA coverage") for medical, dental, vision, and health care reimbursement account (HCRA) benefits. Social Security numbers of enrolled retirees and dependents must be furnished to meet the requirements of this law. Please make sure your information is up-to-date with the **Empyrean Benefit Solutions** to include dependents' Social Security numbers. COBRA continuous coverage is available in certain qualifying events where health benefit program coverage would otherwise end. You may elect to continue coverage at your own expense on an after-tax basis when the coverage that you have through the Plan ends. The coverage may change as permitted or required by changes in any applicable law. See the "LANS Health and Welfare Benefit Plan for Retirees" Summary Plan Description located on the **Empyrean Benefits Solutions** website at www.LANLBenefits.com under Plan Descriptions. If you do not enroll yourself or a dependent during Open Enrollment, you or your dependents will not be eligible for the COBRA coverage, as this is not a COBRA qualifying event.

Carrier Contact Information

2016 Carrier Contact Information for Retirees	
Empyrean Benefit Solutions	
Website	www.LANLBenefits.com
Member Services	1-844-805-0002
Blue Cross Blue Shield of New Mexico (BCBSNM)	
Website	http://www.bcbsnm.com/lanl
Member Services	1-877-878-5265
Behavioral Health Unit	1-888-898-0070
Prescription Drugs	1-877-357-7463 (Prime Therapeutics www.myprime.com)
Mailing address	P.O. Box 27630, Albuquerque, NM 87125-7630
Delta Dental of California	
Group Number	4000
Website	www.deltadentalins.com/lans/
Member Services	1-800-765-6003
Claims Address	PO Box 997330, Sacramento, CA 95899-7330
Vision Service Plan (VSP)	
Group Number	12-284390
Website	www.vsp.com
Member Services	1-800-877-7195
Claims Address	PO Box 997105, Sacramento, CA 95899-7105
ARAG Legal Plan	
Group Number	14822
Website	www.araglegalcenter.com Then enter Access Code: 14822ret
Member Services	800-247-4184
Claims Address	400 Locust Street, Suite 480, Des Moines, IA 50309
LANL Benefits Office	
Member Services	505-667-1806; 1-800-667-1806
Email address	Benefits@lanl.gov